

MICHIGAN 2001 EXTERNAL QUALITY REVIEW

MATERNAL SUPPORT SERVICES (MSS) STUDY

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Purpose

Two Studies:

- Study A: Compared MSS participants and nonparticipants with regard to adequacy of care, and gestation at the time of delivery. Study A also reviewed demographic characteristics for pregnant women with Medicaid.
- Study B: Compared a sample of the Medicaid managed care and fee-for-service (FFS) MSS participants, using data abstracted from MSS records. It considered:
 - Intake processes for referrals to MSS
 - Completion of MSS assessments
 - Content of plans of care and corresponding assessments
 - Interventions such as nutritional counseling and childbirth education
 - Discharge summaries
 - Care coordination

Background

MSS Program established in the State of Michigan in 1987 to:

- Supplement routine prenatal care for pregnant women who are Medicaid beneficiaries
- Improve prenatal outcomes for beneficiaries most likely to be at risk.

Program Services include:

- Psychosocial and nutritional assessments
- Plan of care development
- Professional intervention services from a multidisciplinary team consisting of qualified social worker, nutritionist, and registered nurse
- Care coordination
- Referrals to specialists and linkage to community resources
- Childbirth education
- Transportation arrangements for support services as needed

Study Methods

Data Sources:

- The Department of Community Health Decision Support System
- MSS Provider Records

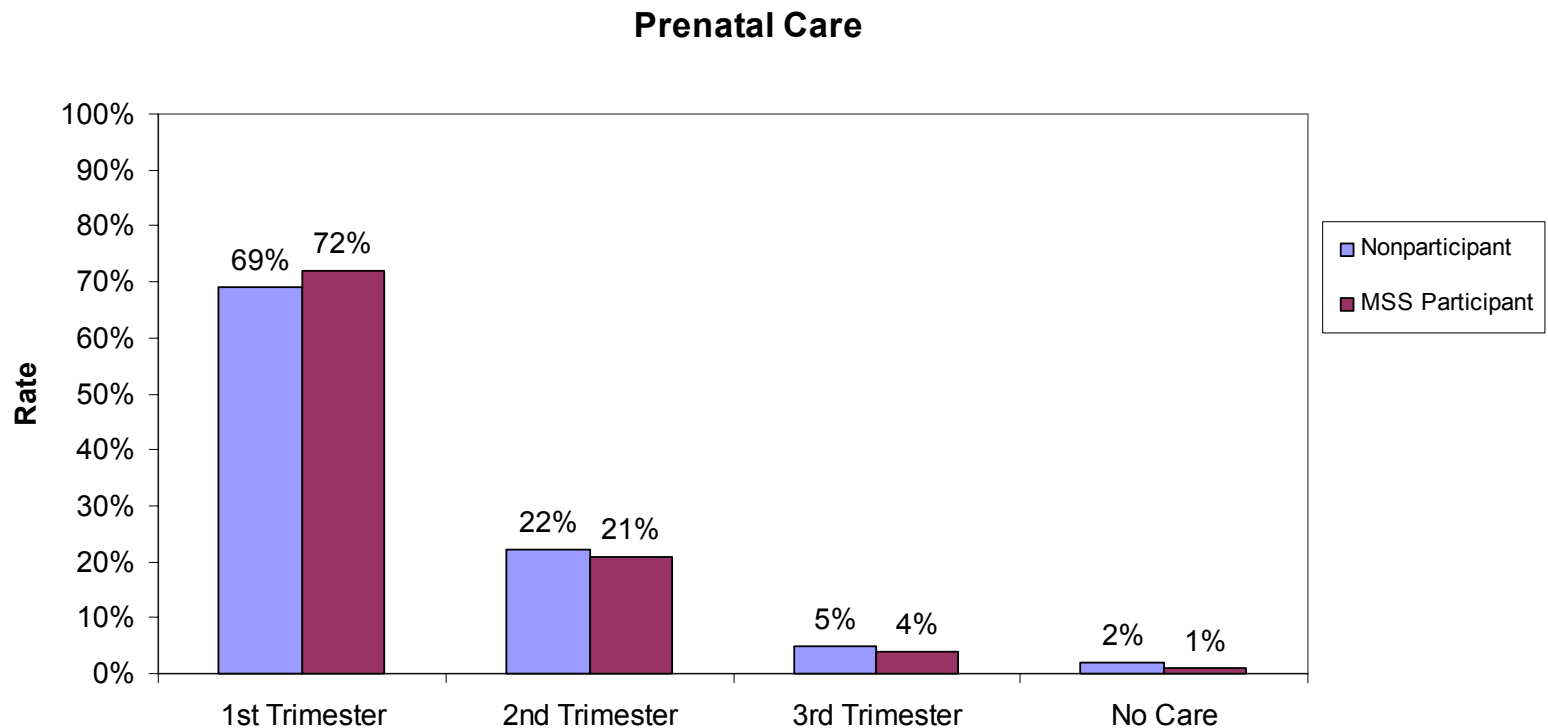
Study Population consisted of :

- Medicaid beneficiaries who were pregnant and delivered in 2001
- For Study A: Medicaid beneficiaries participating or not participating in MSS
- For Study B: MSS participants enrolled in managed care or FFS

RESULTS AT-A-GLANCE

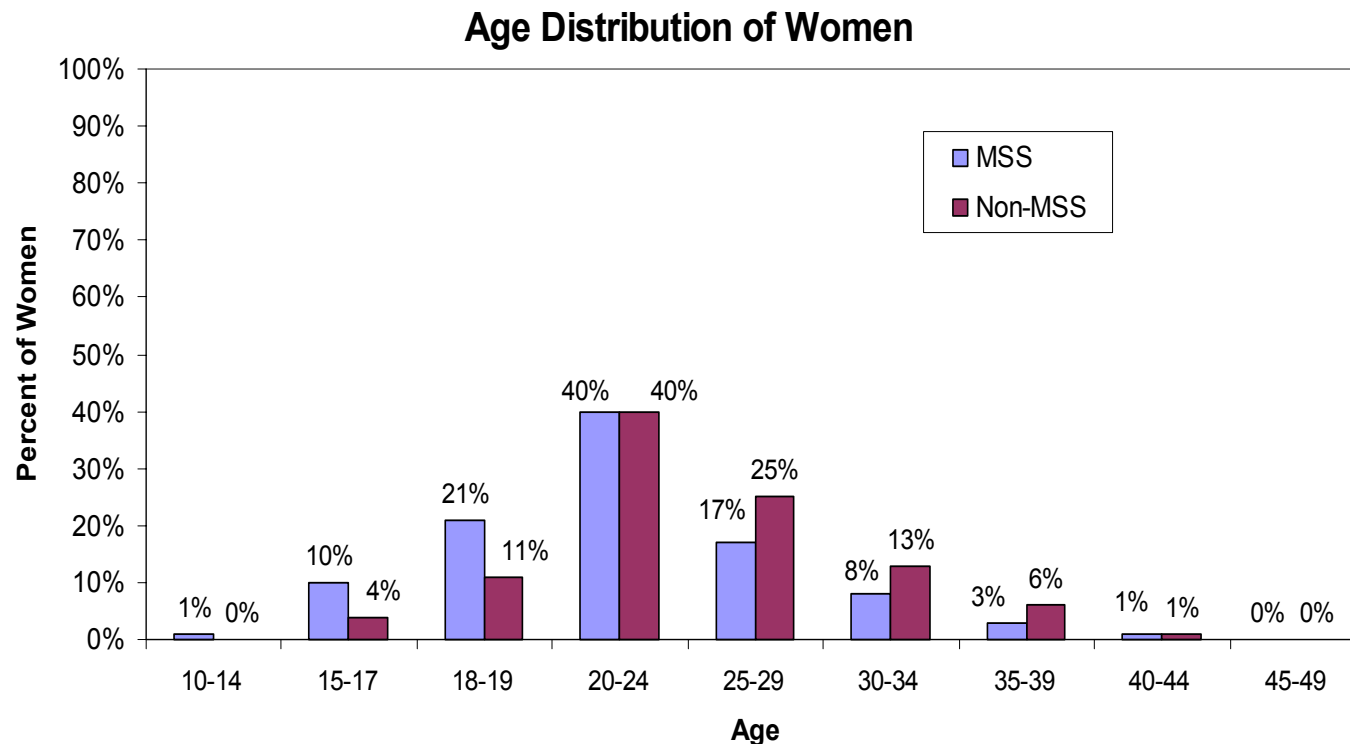
Study A – Prenatal Care

- MSS participants showed a higher rate of prenatal care in the first trimester: 72% for MSS participants compared to 69% for nonparticipants.



Study A – MSS Utilization by Age

- MSS participants were likely to be under the age of 20 and younger than nonparticipants.



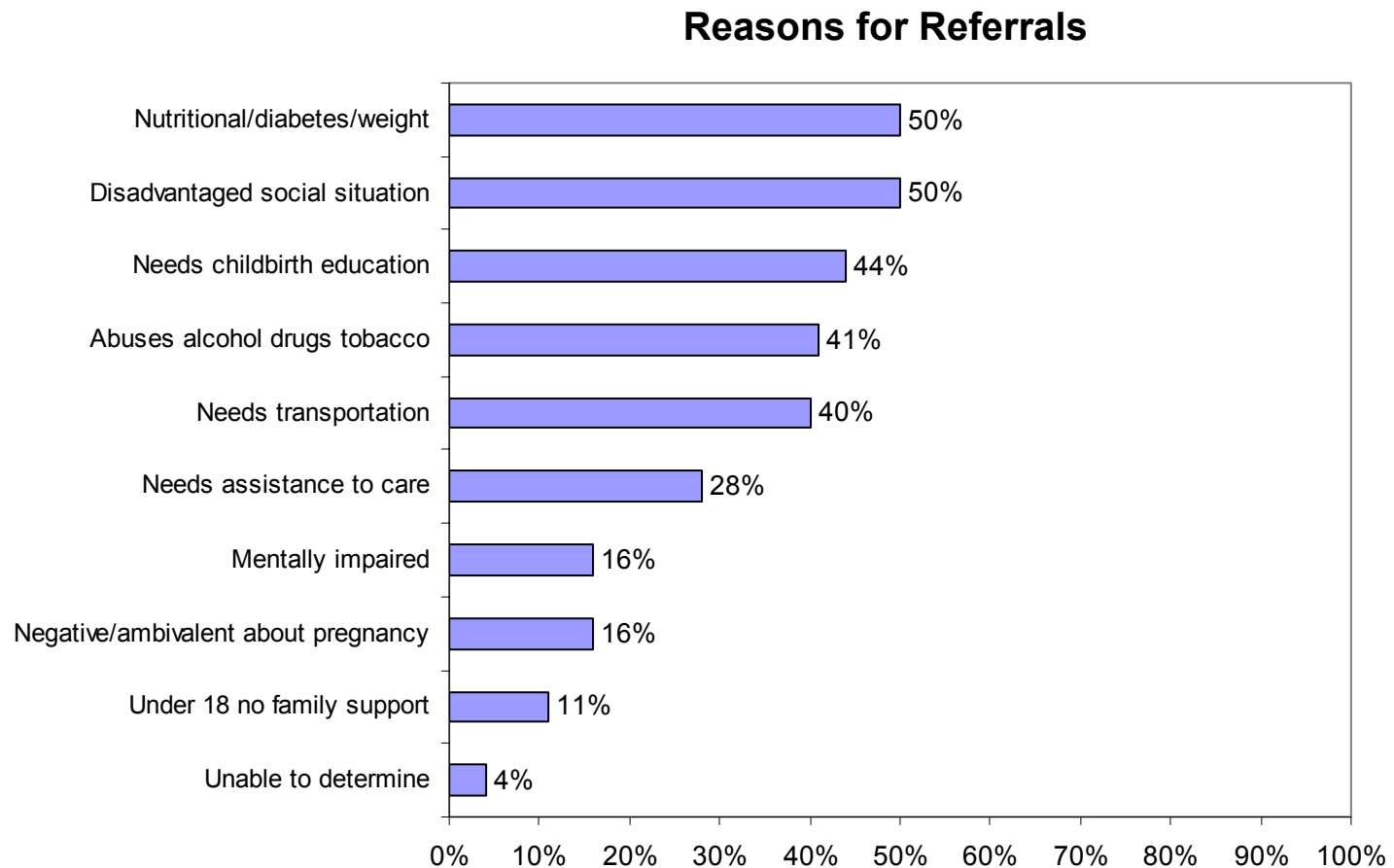
Study A – MSS Utilization by Race

- MSS participants were less likely to be African-American or Hispanic.

Race	MSS Participants	Nonparticipants
American Indian	1%	0%
African-American	27%	32%
Caucasian	65%	54%
Hispanic	5%	10%
Other	1%	2%
Unknown	0%	1%
Total	100%	100%

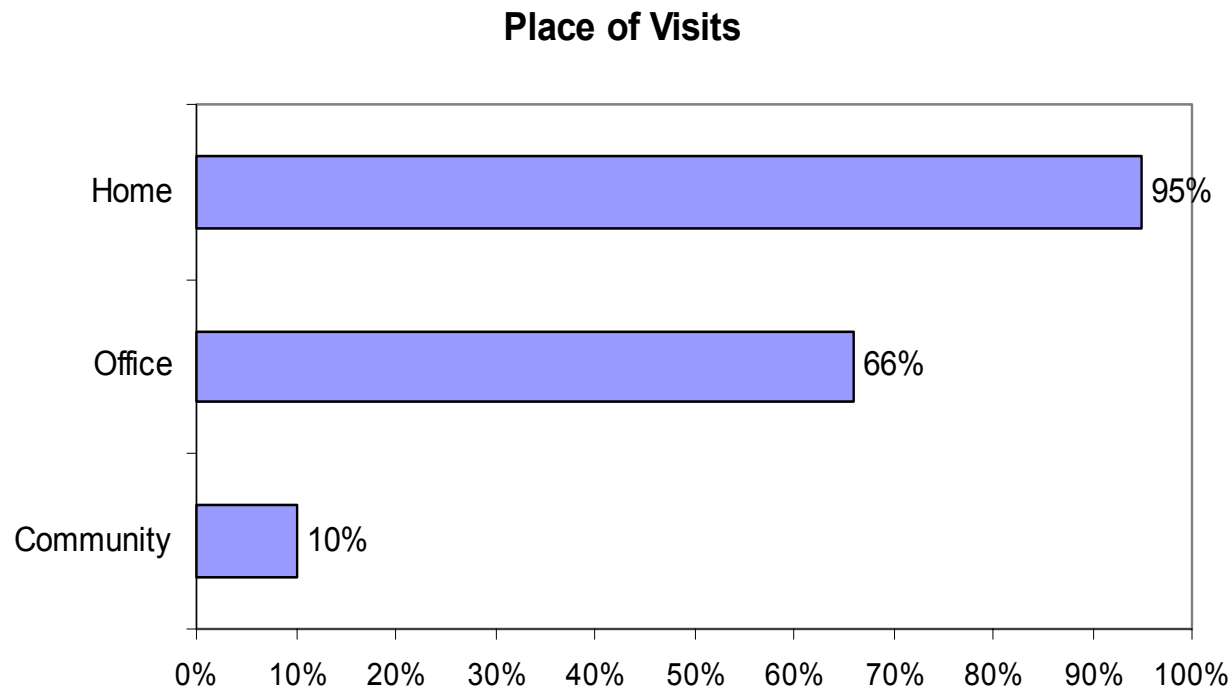
Study B – Reason for Referrals to MSS

- Nutrition, disadvantaged social situation, education, and alcohol, drugs, or tobacco use were common reasons for referral to MSS.



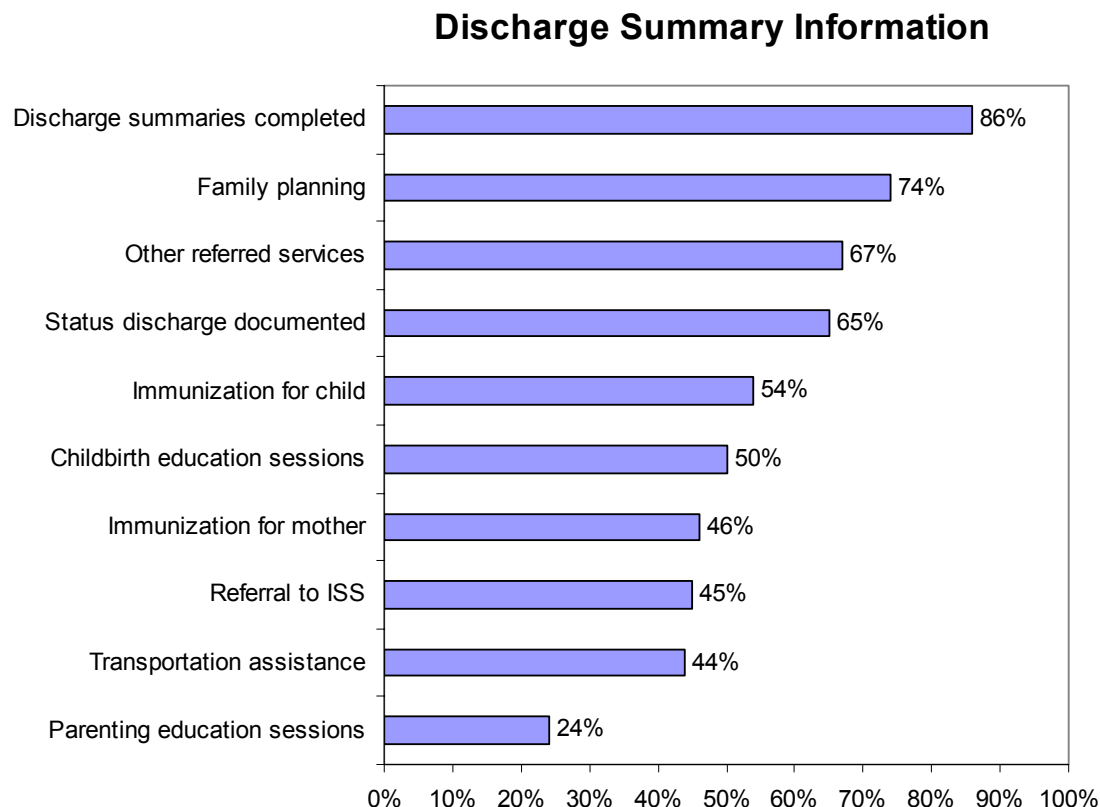
Study B – Location of MSS Services

- 95% of MSS participants received home visits and 66% received office visits. Ten percent (10%) received services at other locations in the community



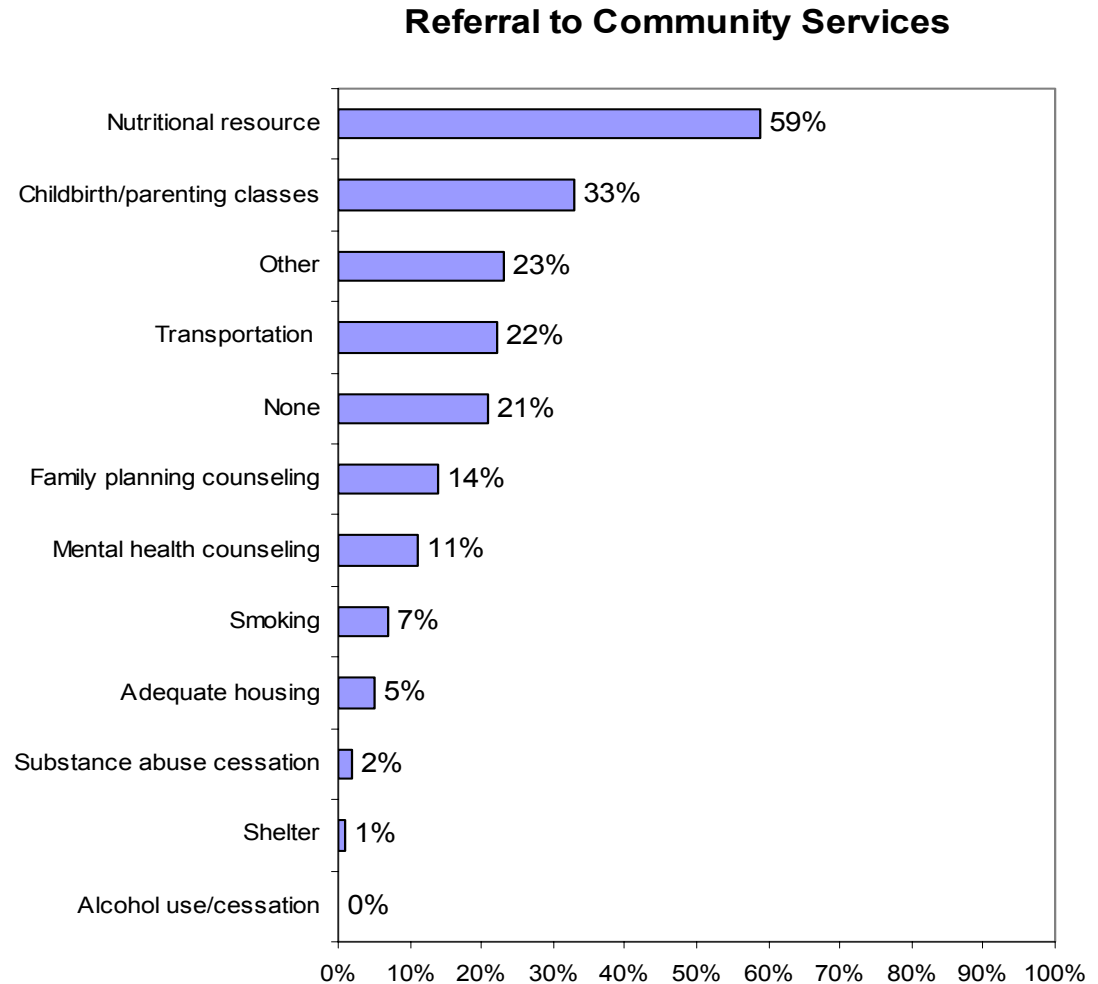
Study B – Discharge Summary

- Discharge summaries were completed over 85% of the time.
- Transportation, immunization, family planning, and childbirth education were common topics addressed.
- Significantly, 45% of MSS participants were referred to Infant Support Services (ISS) for ongoing help with at risk infants.



Study B – Referral to Community Services

- Overall, MSS providers refer pregnant women for other community services during the course of treatment and at discharge.
- Childbirth education and parenting classes, nutritional counseling, and transportation were the most common reasons for referrals.



Recommendations

- Provide more MSS visits for women 15-18 experiencing their first pregnancy.
- Target outreach to African-American and Hispanic women.
- Study and promote referrals to ISS (to help increase utilization of preventive services and reduce infant mortality and morbidity).
- Improve MSS provider collection of referral follow-up documentation (feedback will help improve quality of referrals).